

**INTRODUCTORY WORKSHOP ON POSTABORTION CARE (PAC) FOR  
NON-GOVERNMENTAL ORGANIZATIONS (NGOS) AFFILIATED  
WITH THE PROCOSI NETWORK**

PROJECT  
COORDINATORS:

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La Paz, Bolivia

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## **ACKNOWLEDGEMENTS**

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Regional training consultants Marta María Blandón and Adolfo Pinedo shared their experience and dynamism with the group and, through it, with Bolivia.

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Finally, we wish to thank all of the workshop participants, PROCOSI and the PROCOSI organizations they represent who enriched this experience, its resulting actions and the work yet to come through their active and supportive participation.

## **EXECUTIVE SUMMARY**

This document reports on an introductory workshop on postabortion care (PAC) for non-governmental organizations (NGOs) affiliated with the PROCOSI network in Bolivia.

The workshop, held in October 1997, represented the initial introduction of programmatic work by NGOs in the area of PAC in Bolivia. NGOs provide a significant proportion of reproductive health care services in Bolivia, including information, education and communication services; community-based clinical services; and, broad community development efforts with reproductive and sexual health components. Twenty-four health-care professionals (including clinicians, health educators, administrators and others) attended the three-day workshop held in La Paz.

Since the event, there have been multiple requests for technical assistance on a variety of issues related to postabortion care, and other agencies and funding institutions have come to the fore to facilitate implementation of several of the recommendations of the workshop participants. Among the recommendations to be implemented is the creation of an interinstitutional coordinating taskforce on PAC (known by its Spanish acronym – CICAPA), and the future replication of the workshop for representatives of NGOs in other areas of the country. The fact that more professionals are able to speak knowledgeably about the impact of unsafe abortion on women's lives in Bolivia and are familiar with the PAC approach has facilitated broader policy discussions, including the incorporation of treatment of first trimester hemorrhage in the national basic insurance package (announced in August of 1998).

## BACKGROUND

Complications of abortion that occurs under unsafe conditions (either unsafely induced abortion or spontaneous abortion that occurs in unhygienic conditions or without appropriate medical care) is a leading cause of maternal morbidity and mortality in Bolivia. While it has been broadly recognized that there is a need to improve the quality of and access to lifesaving postabortion care<sup>1</sup> services in Bolivia, and a number of innovative projects have taken place with the public sector, little had been done with the private sector – including non-governmental organizations (NGOs). In fact, NGOs provide a significant proportion of reproductive health care services in Bolivia – including information, education and communication services; community based clinical services; and broad community development efforts with reproductive and sexual health components.

Through INOPAL III, Ipas was able to respond to a long-ago expressed request from PROCOSI, a network of NGOs working in the area of comprehensive health, but with a focus on rural areas of need, to conduct an orientation and consciousness-raising workshop on PAC for its member organizations. This workshop represents an important first step for PROCOSI and its member organizations to approaching PAC work. It represents the first work done with NGOs on this issue in Bolivia.

This document reports on the workshop, a survey of member organizations conducted as a follow-up evaluation mechanism and dissemination activities and plans related to this project.

## PURPOSE

Educate and orient PROCOSI-member NGOs to the concept of postabortion care, what types of activities they can introduce and incorporate into their on-going reproductive health programs, and provide an opportunity to raise questions and discussion that will help initiate programming in postabortion care. IPAS/INOPAL III will provide technical assistance, leading a three-day workshop for key members of the NGO community working in reproductive health care.

Specific objectives:

- orient and educate NGO directors and program directors to the magnitude of the public health problem of abortion in Bolivia;
- introduce the three elements of postabortion care;
- provide a rationale for providing PAC services;
- demonstrate how such services can fit in with the delivery of a range of reproductive health care services, community education services, and IEC activities to prevent unwanted

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1 Postabortion care (PAC) is an approach to reducing mortality and morbidity resulting from complications of abortion encompassing 1) emergency treatment services for incomplete abortion and other complications; 2) effective postabortion family planning counseling and services; and 3) links from emergency abortion treatment services to comprehensive reproductive health care services. See Greenslade, Forrest C. et al. *Advances in Abortion Care* 4,1: 1-4. 1993.

pregnancy and unsafe abortion, including the provision of lifesaving care to women in need; and

- identify whether the participating NGOs have initiated provision of postabortion care services (including any or all components of postabortion care) several months after the completion of the workshop.

## ACTIVITIES

Ipas and PROCOSI conducted a three-day workshop from October 7 – 9, 1997 for 24 health care professionals from 18 PROCOSI-affiliated NGOs from throughout Bolivia. The workshop was led by PAC experts from Nicaragua, Peru, the United States and Bolivia, with the lead taken by Nicaraguan Psychologist Marta Maria Blandón and Peruvian Obstetrician-Gynecologist Adolfo Pinedo. The event was organized by Lic. Eliana Del Pozo (Ipas Representative for Bolivia) and Lic. Lili Arze (PROCOSI Training Coordinator).

Through interactive training and learning processes, the participants underwent a process of learning and consciousness-raising regarding abortion as a public health issue, attitudes and values related to abortion and how they affect delivery of PAC services, areas of service delivery and not specifically related to PAC treatment services that they as individuals and as members of an organization can make an impact.

Dra. Carmen Cornejo, then the National Director of Reproductive Health gave an overview of the health consequences of abortion in Bolivia, and discussed preliminary findings of a Population Council Study (Diaz et al) from three key maternity hospitals. In addition, she provided the group with a pre-view of the new video “Abortion: a public health problem” produced by Ipas, the Ministry of Health and DFID.

Through a multi-disciplinary learning approach, the participants put their new knowledge and awareness to use through a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of possible actions that the PROCOSI member NGOs could take relating to PAC.

Among their conclusions and recommendations are:

- Linking health care services provided by the local health systems with those provided by NGOs through interinstitutional coordination for integrated PAC services. This should be accomplished through an Interinstitutional Coordinating Committee for PAC.<sup>2</sup>
- Involve other agencies and actors in the prevention of unwanted pregnancy and abortion in order to reduce maternal morbidity and mortality among Bolivian women. Participation of churches, NGOs, representatives of the communities, municipal governments and mass media is necessary.
- Implement high quality, humane PAC diagnostic and treatment services.
- Increase access to services – including for women in isolated rural areas, women with limited educational background, and from all ethnic backgrounds.
- Provide postabortion family planning counseling and method provision.

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<sup>2</sup> Creation of this committee, known by its proposed Spanish acronym “CICAPA” has been approved and funding secured through the PRIME project.

- Train health care personnel to provide comprehensive PAC services with appropriate technologies.
- Implement massive IEC campaigns – including development and production of print and audio-visual materials.

The participants also recommended replicating the workshop for other NGO members to continue a process of opening space for reflection on the health problem presented by unsafe abortion and its impact on maternal morbidity and mortality.

## EVALUATION

Participants evaluated the workshop activities daily and globally upon completion of the workshop. Overall, participants were extremely satisfied with the workshop and felt that the issues covered were of high importance and relevance for their daily work. In addition, they told us that the information provided was new to them and that they should be brought up in their respective organizations.

In addition, participants filled out a survey upon completion of the workshop, and three months later (one month before the then scheduled completion of INOPAL III). We had hoped to be able to use the survey results as a baseline and follow-up assessment of the impact of the workshop in terms of the types of PAC activities incorporated into organizational workplans. While we were very pleased with an extremely high follow-up survey response rate (90%), we found that we were unable to obtain the desired information from the survey.

There were several factors that led to this conclusion:

- the participants were not necessarily knowledgeable about all aspects of their organizations' planning and implementation of reproductive health activities.
- because of staff turn-over in the NGOs, the person who originally filled out the survey for an organization may not have filled out the follow up survey.
- the short period of time between the "baseline" survey (early October 1997) and the "follow-up" (January 1998), did not permit much activity to take place. Most NGOs in Bolivia use November and December as a wrap-up period for completion of projects, and January is a period of planning – although in many cases, staff take summer vacation in January. Thus, there was not sufficient time to see any significant changes in programming.
- Some of the questions on the survey were not clearly understood by the participants, leading to invalid responses in some cases.

Despite the failure of the survey to quantify impact of the workshop, we have seen significant changes in the months since the survey relating to PAC and NGOs. A number of organizations have informally expressed support for PAC and a desire for additional workshops. As other PAC projects (conducted by Ipas as well as other organizations) continue, NGO members and public sector officials have become more aware of the need for sensitization of health care workers and NGO-staff members regarding this issue.

A number of individuals and organizations have requested information and participation from Ipas staff and consultants to provide information to diverse groups on abortion as a public health issue and PAC as a workable approach.

## **DISSEMINATION ACTIVITIES**

The NGO workshop experience has been shared and disseminated formally and informally through a variety of mechanisms:

- Formal Proceedings of the Event (Annex 1) *Memorias del Taller “Sensibilización y Orientación sobre Atención Postaborto”* have been published. Copies were distributed at the First National PAC Dissemination workshop held July 22, 1998 in La Paz to the 70 participants (national and regional health authorities, NGO members, representatives of donor institutions and health care providers). In addition, copies are being distributed to all of the PROCOSI member organizations, participants of the workshops, and to Ipas’s key project directors and consultants throughout Latin America.
- The workshop and its recommendations were presented by Ms. Del Pozo at the national Dissemination Workshop.
- A translation (to English) of the executive summary (Annex 2) is attached.
- In July, 1998, Ipas’s *Dialogue* series included an issue on the Sensitization workshops held in Bolivia, included among the workshops, this one – a first with NGOs (Annex 3).
- In November, results of this workshop will be presented at the annual APHA conference as an integral part of changing attitudes regarding PAC in Bolivia (abstract is Annex 4).

## **CONCLUSION**

The workshop has formed an important part of a process to initiate reflection on the issues surrounding abortion and women’s reproductive and sexual health for members of the NGO community in Bolivia. The workshop generated much interest and enthusiasm, and is very possibly part of the support that was necessary for the Ministry of Health to have made an important policy decision in early August 1998 to include treatment of first trimester hemorrhage in the national basic health insurance package for the first time.

Funding has been secured to implement two of the recommendations of the participants – creation of the CICAPA (inter-institutional coordination committee for PAC) and the implementation of three regional sensitization workshops for NGO members. Both of these activities will be funded by the USAID/Bolivia Mission through the PRIME project (to be implemented by Ipas).

The PROCOSI workshop conducted in October of 1997 represents an important first step in engaging the NGO community in PAC-related activities. While the public sector has initiated

policy and service delivery changes, the NGO sector had not yet stepped up to the challenge. NGOs are uniquely positioned to provide high-quality, humane comprehensive prevention and treatment services in Bolivia – particularly in rural areas. The initial workshop funded through INOPAL has laid important groundwork for private/NGO sector contributions to reducing maternal morbidity and mortality from unsafe abortion in Bolivia.



**“POSTABORTION CARE ORIENTATION AND  
SENSITIZATION WORKSHOP”  
PROCEEDINGS**

**La Paz  
October 7-9, 1997**

Conducted by  
PROCOSI  
Ipas

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## EXECUTIVE SUMMARY

In 1994, Ipas in collaboration with the Ministry of Health of Bolivia began an education and awareness-raising initiative directed to public hospital personnel, on abortion as a public health concern, and the unique situation women face when admitted to a hospital for treatment of incomplete abortion

Since then, the PROCOSI<sup>1</sup> Network management has shown interest on working toward the reduction of the high maternal morbidity and mortality rates caused by unsafe abortion. In 1997, through the INOPAL III<sup>2</sup> project, Ipas<sup>3</sup> and PROCOSI joined efforts to begin making this possible

In October of the same year, the topic of abortion was broached topic by conducting a "Postabortion Care Sensitization and Orientation Workshop" addressed to the member NGOs of the PROCOSI Network. Twenty-four professionals representing eighteen NGOs participated

The workshop's main objective was to orient and educate the PROCOSI member organizations on the comprehensive concept of Postabortion Care (PAC)<sup>4</sup>, reflect on the magnitude of abortion as a public health problem, in addition to identifying how PAC can be integrated into their reproductive health workplans

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<sup>1</sup> PROCOSI is a national, non-profit network of NGOs founded in 1988. It sponsors and implements comprehensive health programs throughout Bolivia with emphasis in rural areas. PROCOSI's mission is to improve the health of the neediest population, especially children and women, through interagency coordination, strengthening their member organizations and advocating for policies that will have a positive impact on the population's health

<sup>2</sup> INOPAL III is a research program designed to improve the quality and accessibility of family planning and other reproductive health services in Latin America and the Caribbean. It is managed by the Population Council, a private, non-profit organization. It sponsors technical assistance for operation research programs conducted by health and family planning organizations in the region

<sup>3</sup> Ipas is an international, non-governmental, non-profit organization working worldwide to improve women's health with a focus in reproductive health. Its activities are based on the principle that all women have the right to the highest attainable standard of health, safe reproductive choices, and high quality care. It concentrates its efforts on the prevention of unsafe abortion, improving the treatment of its complications and reducing its consequences. Ipas strives to promote the empowerment of women through increasing their access to services that will improve their sexual and reproductive health

<sup>4</sup> Postabortion Care (PAC)

- Components
- 1 Emergency treatment of incomplete abortion
  - 2 Postabortion Family Planning, counseling and information services
  - 3 Links to other reproductive health services

The twenty-four professionals participated dynamically during the three day long workshop. Their awareness-raising and learning processes included group interaction activities. Their high level of interest and commitment to women's health and development and to the communities where they work was made evident in multiple ways throughout the duration of the workshop. This group made several recommendations to promote the expansion of PAC activities to the NGO sector.

These recommendations and conclusions can be summarized as follows:

- Link health services to Regional Health Departments [Unidades Departamentales de Salud (UDES)], and Non-governmental Organizations (NGOs). Coordinate among agencies and organizations, in pursuit of a comprehensive reproductive health care, through the creation of a PAC Interagency Coordinating Committee (CICAPA -in Spanish)
- Involve other agencies and partners in the prevention of unwanted pregnancies and abortion in order to reduce maternal mortality and morbidity among Bolivian women. Participation of churches, NGOs, representatives of the community, municipal government and the media is necessary.
- Implement high quality and humane emergency services for the diagnosis and treatment of postabortion complications, including infrastructure (including dissemination institutional norms/treatment guidelines) and adequate equipment, supplies and trained personnel.
- Expand accessibility to services from a geographic, economic and cultural standpoint.
- Provide postabortion family planning and counseling services.
- Train health personnel in the comprehensive treatment of incomplete abortion (using appropriate techniques).
- Implement mass information, education and communication campaigns (IEC) (including the production of printed and audiovisual materials).

By the end of the workshop, member NGOs interested in incorporating PAC programs in their annual operating work-plans were identified. At that time, a survey titled "Organizational PAC Objectives and Activities Survey of PROCOSI member NGOs working in the health field" was implemented. This survey was done again three months later (January 1998).

The results of the survey are summarized in the proceedings. These indicate that a 30% of the member NGOs are looking at the possibility of incorporating PAC related programs or services.

This workshop marks the initiation of a process that will open room to reflect on the problem of abortion, and its impact on maternal mortality and morbidity rates and the health of Bolivian women. The initial survey results show the beginning of change, but only represent part of the reality. Through PRIME<sup>5</sup>, USAID will support conducting three additional workshops for NGOs working on the health field in Bolivia. Furthermore, with PRIME's support, Ipas will provide assistance with the creation of the PAC Interagency Coordinating Committee (CICAPA).

These activities and the results of the survey, among other activities and recent events, show the positive impact and importance of expanding the efforts from the hospitals and Ministry of Health toward the NGOs, health centers and communities in order to significantly reduce the negative impact of unsafe abortion.

In conclusion, we consider the workshop to have been a success in view of the commitment shown by the participants and the recommendations that evolved from this event. As a result, in 1998, expansion of these activities has been contemplated with the financial support of PRIME/USAID, PROCOSI's coordination, and Ipas' technical assistance. We further contemplate conducting additional regional sensitization and orientation workshops with NGOs, and the creation and implementation of the interagency committee CICAPA, comprised of representatives of the National Reproductive and Sexual Health Sub Committees. The CICAPA will serve as the leader and main link between governmental and non-governmental organizations in promotion and implementation of PAC activities in Bolivia.

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<sup>5</sup> PRIME is a project aimed to provide technical training and support to primary reproductive health service providers worldwide. PRIME is funded by USAID and managed by INTRAH, in collaboration with ACNM, Ipas, PATH, TRG, Inc, OMG Booksource and AMZCO, Inc.

# Dialogue

Volume 2, Number 1 • June 1998

## Bolivian Workshops Increase Health Professionals' Awareness of Women's Needs after Abortion

By Marian Abernathy MPH, Marta Maria Blandon MS, Alexia Escobar, Dra. Alma Virginia Camacho

### Background

Bolivia has a unique history in the area of reproductive and sexual health. Over the past ten years Bolivia has moved from having one of the most conservative reproductive health policies in Latin America to having one of the most advanced.<sup>1</sup> This change began in 1989 when the Ministry of Health held a conference in La Paz entitled "The Struggle Against Abortion." The conference gave official recognition to the magnitude of the problem of unsafe abortion and discussed incorporating family planning programs into existing public health services. Five years later Bolivia developed and presented a progressive population policy at the International Conference on Population and Development (ICPD) in Cairo. The statement of the official delegation to ICPD affirmed that "social policies and programs in the area of health should help couples and especially women to avoid abortion by providing them with accessible family planning information, counseling and services. Nevertheless women who have had abortions should be treated humanely and with proper counseling."

Through these actions the fact that complications of abortion were (and still are) among the principal causes of maternal mortality in Bolivia was recognized openly for the first time. However, this change in public policies did not automatically result in changes in the attitudes or behavior of society at large or

Dear Angela

*I am the doctor who will be caring for you. I used to think that all women like you with abortion complications had done something bad and needed to be threatened and punished. But now I understand the reasons you may have had for doing this. I'm sure that if you had had the support of your partner and your family, if you had had more education and access to information about family planning, your situation would be very different. The other doctors and nurses and I are not going to condemn you, we are concerned about your future.*

*Letter written by a doctor to a hypothetical patient during an awareness-raising workshop*

of health professionals, particularly towards women needing abortion-related care. It became clear that health professionals also need education and counseling about abortion as a public health problem and guidelines for minimizing its negative consequences.

### Identifying the Needs

To explore the specific needs for an attitude change in this area Ipas conducted a study in 1993 that demonstrated that postabortion patients and the health workers who care for them needed more information about the process of treatment services, follow-up care, and ways to prevent unwanted pregnancies.<sup>2</sup> This study showed several areas needing improvement. In some cases national and individual hospital protocols for postabortion care (PAC) were not being disseminated or followed, leading health personnel to act according to their own judgment. In another example, staff assumed that all

incomplete abortions had been illegally induced and that the best way to prevent future abortions was to punish women seeking treatment. They identified several forms of delivering this punishment: care was denied or delayed, the charge for treatment was much higher than it should have been, and women were threatened or mistreated. In many cases the staff with whom postabortion patients had the most contact and "confidence" were the cleaners and food service workers, and rarely the doctors and nurses.

In response to the study findings, the Ministry of Health (called the National Secretariat of Health at that time) and Ipas created a strategy to improve the quality and accessibility of postabortion treatment and prevention services. The plan began with a series of awareness-building workshops for health personnel from selected public hospitals to explore information needs about the problem of unsafe abor-

tion. The full hospital staff participated in the workshops—from doormen and ambulance drivers to department heads and hospital directors. The decision to incorporate different categories of hospital staff has been fundamental in changing attitudes and improving the quality of care in many sites.

### Workshop Results

The objective of the workshops was to begin a process of attitude change toward women seeking PAC. Data from the initial study were presented in each workshop, which allowed the participants to analyze the problem of unsafe abortion from the different perspectives of the postabortion patients and the hospital personnel. A variety of didactic techniques were used during the workshops: ice breakers, role plays, formal presentations, small group and plenary discussions, and values clarification exercises.<sup>3</sup> In one exercise the participants were asked to write a letter to a hypothetical patient named Angela to express to her their feelings about abortion and about women who need treatment for incomplete abortion.

A self-administered voluntary anonymous questionnaire was also given during the workshops. Through the questionnaire, participants shared their own experiences, perspectives and opinions about providing care to women with incomplete abortion. This exercise also helped participants think realistically about what is involved in

PAC services, including problems that make service delivery difficult, and highlighted the providers' real desire to help these patients. Among the difficulties mentioned in the questionnaires were a lack of staff dedicated for postabortion counseling, language barriers between health workers and patients, a lack of an appropriate setting for counseling, insufficient stock of medicine to donate to patients who can't afford to buy needed prescriptions, and a lack of understanding among family members about the need for treatment, which often led to a denial of authorization for lifesaving care.

The information from the questionnaires provoked intensive and productive discussions about the needs of women seeking care for incomplete abortion and allowed the workshop participants to identify gaps in the quality of care they provided. One interesting case involved a hospital director who said that his hospital had never denied services to women needing treatment for incomplete abortion. A doorman from the same hospital had a different perspective about when services were not provided when there was no doctor around, when the patient did not have enough money to cover the cost of treatment, or when an adolescent woman arrived with out one of her parents.

During the workshops the participants saw the importance of viewing each woman needing PAC as a person with individual needs. In many cases, workshop participants incorrectly assumed that all women who came to the hospital for treatment of incomplete abortion had the same background, and that all abortions were the result of unwanted pregnancies stemming from the lack of contraceptive use. One participant shared his experience of treating a woman who had had multiple abortions and was very upset. Upon a closer examination, he found that the woman had not induced the abortions herself, but rather that she had an illness which caused her to have repeated spontaneous abortions of very wanted pregnancies.

The topics raised and the concerns expressed by the workshop participants have been important elements in the development of a national plan for PAC and have formed the basis for various projects and studies that have been conducted since the first workshop was carried out.

### National Impact

At the national level, the workshops kicked off an initiative to improve the quality of PAC in public hospitals in Bolivia. In several hospitals, the workshops marked the first time that technical and administrative staff had worked closely with physicians and other clinical professionals. The participatory methodology used in the workshops in which the input from all departments and cadres of staff held equal weight, helped build a team approach which is key to improving interpersonal relationships within a hospital. The workshops also gave participants their first opportunity ever to analyze and debate several social, legal and work-related aspects of the abortion issue which until that point had been taboo and were rarely discussed.

After completing the first round of workshops the National Secretariat of Health developed and published a manual for health professionals that summarized the findings of the initial study and the important topics that arose in the workshops.<sup>5</sup> This same content has since been adapted for a video about PAC that is designed to orient health workers about the public health issues related to abortion in Bolivia, national PAC policies the national PAC program and areas of service delivery that need strengthening, and the realities of women's lives.<sup>6</sup> The video is currently being distributed to public health institutions that offer PAC, and to NGOs and other institutions working in the field of reproductive health.

In the current national PAC program, awareness raising workshops designed to improve the quality of care and accessibility of

PAC services are being held as the first step in training health personnel. Some participants have commented that these workshops have offered them the first opportunity ever to analyze the issue of abortion from a perspective that relates to their work. In one hospital the PAC orientation workshop has spilled over to other departments and formed part of a larger process of improving quality within the institution. Psychological counseling for postabortion patients has been integrated and a new emergency service has been established to allow for more immediate care for women needing ob gyn procedures. In another hospital the participants realized that the high fee they were charging for the treatment of incomplete abortion was a way of punishing women and decided to reduce the charge.

The workshops have also had an impact on improving access to reproductive health services in general. Upon learning about the workshops a network of NGOs that works on reproductive health issues in Bolivia requested a workshop for their member organizations. In October 1997 a workshop was held for 27 health education, and communication professionals representing these NGOs. These groups now have the background and basic training that allows them to create programs and take steps toward preventing and treating abortion complications, thereby helping to confront and resolve one of the primary causes of maternal mortality and morbidity in Bolivia.

### Discussion

This process of using a workshop format to reflect on and review individual and collective prejudices against women seeking PAC has had a positive impact in Bolivia, especially on the attitudes of clinicians. The importance of listening to the needs of patients, as well as the needs and perspectives of health workers offering PAC, is clear. In countries where abortion causes a high rate of maternal mortality and morbidity, sensitivity workshops such as those pioneered in

Bolivia can help health personnel improve the quality of care they provide.

*The authors recognize and are grateful for the important contributions to the project by multiple colleagues from the Ministry of Health by the workshop participants by women who use PAC services and participated in the initial study and by three colleagues who have been integral to the development and realization of these workshops: Susanna Rance, Mariella Revollo, and Eliana del Pozo.*

*Funding for the first workshops provided by the Bergstrom Foundation, UNFPA, USAID, DFID, and Ipas.*

<sup>1</sup> Camacho V, Rance S, Abernathy M, Escobar A. 'From The Blood of the Condor to Cauro: The History of Reproductive Health and Abortion in Bolivia.' Paper presented at the American Public Health Association meeting, November 1995.

<sup>2</sup> Ministry of Human Development/PROSEPO/UNFPA. *Declaración de Principios sobre Población y Desarrollo Sostenible*. 1994.

<sup>3</sup> Rance Susanna. Necesidad de Información sobre el aborto. *J&G Revista de Epidemiología Comunitaria*. Año IV No. 2. La Paz, April, June 1993.

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<sup>5</sup> Secretaría Nacional de Salud. *Mujer aborto y atención en salud: una historia de todos los días*. La Paz, May 1995.

<sup>6</sup> Ministerio de Salud y Previsión Social. Ipas y DFID. *El aborto: Un problema de salud pública*. [Video]. La Paz, March 1998.

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**CHANGING ATTITUDES RELATED TO POSTABORTION CARE IN BOLIVIA**  
Marian Abernathy, Susanna Rance, Eliana Del Pozo, Mariel Loayza, Alison Friedman

In recent years, Bolivia has experienced an on-going tension between relatively progressive official and NGO efforts to promote reproductive rights and health and more conservative religious and political tendencies opposing such efforts. One area in which this is expressed is postabortion care. Complicated abortion is one of the leading causes of maternal mortality in this country that has one of the highest rates in the Americas. The social context and legal restrictions surrounding abortion often leads health care providers often hold negative and punitive attitudes toward women who seek services for treatment of incomplete abortion, commonly assumed to be from illegal interventions, even when the woman has actually lost a wanted pregnancy through miscarriage.

Since 1989 there has been a concerted effort in Bolivia – including actions with and by the Ministry of Health and other institutions – utilizing a variety of strategies to strengthen women's reproductive health care. Actions include diverse research projects, development of educational materials for providers, consciousness-raising workshops, clinical training, coordination with journalists, and advocacy on a variety of other levels. This paper will report on these efforts, their successes and challenges that remain, as well as to provide the social and historical context in which the changes have occurred.

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